MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03991

CERTIFICATE OF DEATH

Reg. Dist. No. 13

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
LENGTH OF STAY (in this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
STREET ADDRESS (If rural give location) 22 Clarke Place.

3. NAME OF DECEASED: (Type or Print) (First) Walter (Middle) J (Last) Abernathy

4. DATE OF DEATH: (Month) April (Day) 16 (Year) 1953

5. SEX: M — 6. COLOR OR RACE: W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): — 8. DATE OF BIRTH: May 19 1885 — 9. AGE last birthday: 67 yrs. — IF UNDER 1 YEAR Months — Days — IF UNDER 24 HRS. Hours — Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Retired — 10b. KIND OF BUSINESS OR INDUSTRY: Clerk. — 11. BIRTHPLACE (State or foreign country): Pennsylvania. — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ralph Abernathy — 14. MOTHER'S MAIDEN NAME: Pauline Graffaoutier.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no. (If Yes, give war or dates of service) — 16. SOCIAL SECURITY NO.: 105-14-2478 — 17. INFORMANT & ADDRESS: Mrs. Lillian B. Abernathy (wife) 22 clark place.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

570.2

Immediate cause (a) Acute Intestinal Obstruction — 4 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) gangrene of small intestine — 4 days

DUE TO (c) Mesenteric Thrombosis — 4 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic myocardial degeneration — 6 yrs

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/11, 1953, to 4/16, 1953, that I last saw the deceased alive on 4/15, 1953, and that death occurred at 1:05 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) J. R. Schoolmeen M.D. — ADDRESS 224 N Market St Frederick Md. — DATE SIGNED 4/16/53

23. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL — DATE THEREOF 4-16-53 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State) Corning New York

DATE REC'D BY LOCAL REGISTRAR 16 April 1953 — REGISTRAR'S SIGNATURE Elizabeth G. Heck

24. FUNERAL DIRECTOR R.E. Dailey — ADDRESS Frederick, Md.

VS. A154

RECEIVED
APR 20 1953
BUREAU V. S.

185-14-3478

Item 18 Film G153 4-30-53 ams

03992

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY FREDERICK MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Frederick
LENGTH OF STAY (In this place) 71 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospt.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL Walkersville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Zoia (Middle) C (Last) Beall
4. DATE OF DEATH (Month) April (Day) 19 (Year) 1953
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH July 8-1881
9. AGE last birthday 71 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Lewis Craver
14. MOTHER'S MAIDEN NAME Laura Ramsburg
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. --
17. INFORMANT AND ADDRESS Mr Millard Beall Walkersville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

434.1 Immediate cause (a) Complete Circulatory Collapse

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Rolling Complications

(c) Cardiac Edema

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1953, to April, 1953 that I last saw the deceased alive on Apr 18, 1953, and that death occurred at 12:20 Am., from the causes and on the date stated above.

SIGNATURE J. H. Mosher (Degree or title) M.D. ADDRESS Union Bridge DATE SIGNED Apr 20

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 4/21-1953
NAME OF CEMETERY OR CREMATORY Chapel
LOCATION (City, town, or county) Libertytown (State) Md.
DATE REC'D BY LOCAL REG. 21 April 1953
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR G.C. Barton ADDRESS Walkersville Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 22 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03993

CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL OR ~~TOWN~~ and give nearest town) Frederick
LENGTH OF STAY (in this place) Since 3/24/53
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
~~CITY~~ OR TOWN (If outside corporate limits, write RURAL and give nearest town) Tuscarora
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) ULYSSES (Last) BELL

4. DATE OF DEATH: (Month) 4 (Day) 4 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, ~~MARRIED~~ ~~WIDOWED~~, ~~DIVORCED~~, (Specify): Single

8. DATE OF BIRTH: 19 Dec 1875

9. AGE last birthday: 77 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Retired - U. S. Postal Clerk

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel H. Bell

14. MOTHER'S MAIDEN NAME: Frances Robinson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs. Annetta Dettering, Tuscarora, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
177X Immediate cause	(a) Uremia	days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO	(b) Pyelonephritis	years
DUE TO	(c) Carcinoma of prostate	3 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes XX No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/27, 1953, to 4/4, 1953, that I last saw the deceased alive on 4/31, 1953, and that death occurred at 6:45 A, from the causes and on the date stated above.

SIGNATURE (Degree or title) James B. Thomas M. D.
ADDRESS Frederick, Maryland
DATE SIGNED 6 April 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 7 April 1953
NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery
LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR 6 April 1953
REGISTRAR'S SIGNATURE Elizabeth G Heck

24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son, Frederick, Maryland

VS. 415

RECEIVED
APR 8 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03994

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct MARGIN RESERVED FOR BINDING is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Frederick
LENGTH OF STAY (In this place): 6 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Frederick
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Laura (Middle) (Last) Biser.

4. DATE OF DEATH: (Month) April (Day) 4 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: I-I9- I878

9. AGE last birthday: 75 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Keeper

10b. KIND OF BUSINESS OR INDUSTRY: Employed

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob Biser

14. MOTHER'S MAIDEN NAME: Phoebe Delaughter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: -

17. INFORMANT AND ADDRESS: Mrs Paul Angleberger Frederick Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Arteriosclerotic heart disease c failure — Interval Between Onset and Death: days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Acute bronchitis — Interval Between Onset and Death: days

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 27 March, 1953, to 4 April, 1953, that I last saw the deceased alive on 31 March, 1953, and that death occurred at 4 15 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

James B. Thomas, M.D. Frederick, Md. 4/6/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 4-6-1953

NAME OF CEMETERY OR CREMATORY: Chapel

LOCATION (City, town, or county) (State): Libertytown Md

DATE REC'D BY LOCAL REG.: 6 April 1953

REGISTRAR'S SIGNATURE: Elizabeth L. Hech.

24. FUNERAL DIRECTOR: G.C.Barton

ADDRESS: Walkersville Md.

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SEP 7 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03995

CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick-Rural RD#5
LENGTH OF STAY (in this place) Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Emergency Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick-Rural RD#5
STREET ADDRESS (If rural give location) Montevue

3. NAME OF DECEASED: (Type or Print) (First) STEPHEN (Middle) REMSBERG (Last) BOWLUS

4. DATE OF DEATH: (Month) 4 (Day) 24 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 5 March 1867

9. AGE last birthday: 86 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Warden

10b. KIND OF BUSINESS OR INDUSTRY: County Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Stephen R. Bowlus

14. MOTHER'S MAIDEN NAME: Caroline Remsberg

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. Mamie Guyton, Jefferson, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

584X Immediate cause (a) Senility & Malnutrition — Interval Between Onset And Death: 5 wks.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Acute purulent Cholecystitis — 1 day

DUE TO (c) Cholelithiasis — 7

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Continuous drainage of bile since Operation

19a. DATE OF OPERATION: Nov. 15-1953

19b. MAJOR FINDINGS OF OPERATION Empyema of Gall-Bladder & Cholelithiasis

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 15, 1953, to April 24, 1953, that I last saw the deceased alive on April 24, 1953, and that death occurred at 6:00 P.M., from the causes and on the date stated above.

SIGNATURE Frank A. Worthington (Degree or title) M. D. ADDRESS Frederick, Maryland DATE SIGNED 25 April 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 26 April 1953 | NAME OF CEMETERY OR CREMATORY Methodist Cemetery | LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR 25 April 1953 | REGISTRAR'S SIGNATURE Elizabeth G. Heck

24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son, Frederick, Maryland

RECEIVED
APR 29 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

'96

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Doubs
LENGTH OF STAY in this place: MARYLAND 7 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Doubs
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	ANNIE	MARY	BROWN		4	2	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widow	14 June 1865	87 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House-work	Own Home	Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Francis T. Shroder	Mary Jane Copeland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	None	Lawrence McC. Brown, Doubs, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	3 wks.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized arterio-sclerosis	? yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from 1936, to 2 April, 1953, that I last saw the deceased alive on 24 March, 1953, and that death occurred at 1:00 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Charles H Conley	M.D.	Frederick, Md.	4/2/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4 April 1953	Mount Olivet Cemetery	Frederick, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2 April 1953	Elizabeth S. Heck	M. R. Etchison and Son,	Frederick, Maryland

RECEIVED
APR 6 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 147

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Airy
LENGTH OF STAY (in this place) 06 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hill St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Airy
STREET ADDRESS (If rural, give location) Hill St.

3. NAME OF DECEASED (Type or Print) (First) CHARLOTTE (Middle) ELIZABETH (Last) BROWN

4. DATE OF DEATH (Month) April (Day) 15, (Year) 1953

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH Feb. 29, 1864
9. AGE last birthday 89 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME WILLIAM BRANDENBURG
14. MOTHER'S MAIDEN NAME ELIZABETH MULLINIX

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY No. NONE
17. INFORMANT AND ADDRESS Mrs. Raymond Kelley. Mt Airy Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
450.0 Immediate cause	(a) Congestive Heart Failure	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized arteriosclerosis	Years
	(c) Rheumatoid Arthritis	Years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) None (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? None

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said ~~Autopsy,~~ Inspection or ~~Inquiry~~, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Robert J. Furie, M.D., 620 Lee Place, Frederick Md. 4-16 53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 4-17-1953
NAME OF CEMETERY ~~OR CREMATORY~~ Pine Grove
LOCATION (City, town, or county) Mt. Airy, Carroll Co. (State) Md.

DATE REC'D BY LOCAL REG. April 16, 1953
REGISTRAR'S SIGNATURE Clarice A. Runkles
24. FUNERAL DIRECTOR J. M. Waltz ADDRESS Winfield Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A154

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Emergency Hospital Rural

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Fred.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brunswick
STREET ADDRESS (If rural, give location) 509 Walnut St

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Alice (Last) Brown

4. DATE OF DEATH (Month) April (Day) 23 (Year) 1953

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 7-31-1898
9. AGE last birthday 54 yrs. If under Months. 1 year Days If under Hours 24 hrs. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) West Virginia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Charles Chamblin
14. MOTHER'S MAIDEN NAME Flora T. Cole

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

181X Immediate cause (a) Coronary Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 2 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hemiplegia left — 4 years

(c) Carcinoma bladder — 1 year

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1952, to April 23, 1953, that I last saw the deceased alive on April 23, 1953, and that death occurred at 3:03 A.m., from the causes and on the date stated above.

SIGNATURE William A. Dunsar (Degree or title) M-D ADDRESS Brunswick, Md DATE SIGNED 4/24/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 4-26-53
NAME OF CEMETERY OR CREMATORY Reformed
LOCATION (City, town, or county) Knoxville (State) Md.

DATE REC'D BY LOCAL REG. 25 April 1953
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR C. H. Fuls & Bro ADDRESS Brunswick Md.

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN Walkersville
LENGTH OF STAY (in this place) 73 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN Walkersville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Ira (Middle) Edgar (Last) Burrier
4. DATE OF DEATH (Month) April (Day) 7 (Year) 1953
5. SEX Male
6. COLOR OR RACE White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) Married
8. DATE OF BIRTH Jan 12 1880
9. AGE last birthday 73 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY Employed
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Calvin S. Burrier
14. MOTHER'S MAIDEN NAME Flora Crumbaugh
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 2 14-28-5868
17. INFORMANT AND ADDRESS Charles Burrier Walkersville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

Immediate cause (a) Cardiac hypertrophy & dilatation — INTERVAL BETWEEN ONSET AND DEATH: 2 months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic cardiovascular disease — 10 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 Feb, 1953, to 7 April, 1953, that I last saw the deceased alive on 7 April 1953, and that death occurred at 3 P m., from the causes and on the date stated above.

SIGNATURE James S. Honey (Degree or title) MD ADDRESS Walkersville, Md. DATE SIGNED 9 April 1953

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) Burial
DATE THEREOF 4-10-1953
NAME OF CEMETERY OR CREMATORY Mt Hope
LOCATION (City, town, or county) Woodsboro (State) Md.

DATE REC'D BY LOCAL REG. 9 April 1953
REGISTRAR'S SIGNATURE Elizabeth G. Hack
24. FUNERAL DIRECTOR G. C. Barton ADDRESS Walkersville Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

(14010)

CERTIFICATE OF DEATH

Reg. Dist. No. 139

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Frederick — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN State Sanatorium — LENGTH OF STAY (in this place) Since 2/25/53
HOSPITAL OR INSTITUTION OR STREET ADDRESS Victor Cullen State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 2213 Prentiss Place

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Kenneth (Last) Cavey

4. DATE OF DEATH: (Month) April (Day) 8 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: 8/24/1885

9. AGE last birthday: 67 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lather

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Reuben Cavey

14. MOTHER'S MAIDEN NAME: Mary E. Key

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)

16. SOCIAL SECURITY No. 212-14-1421

17. INFORMANT AND ADDRESS: Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

002 X Immediate cause (a) Pulmonary Tuberculosis — Interval Between Onset and Death: 8 Months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

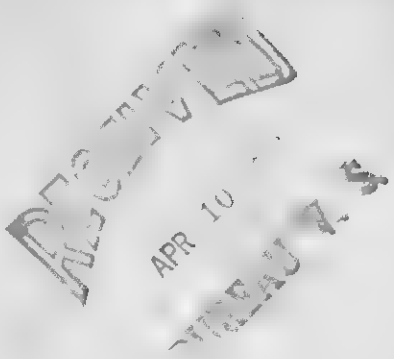
22. I hereby certify that I attended the deceased from 2/25, 19 53, to 4/8, 19 53, that I last saw the deceased alive on 4/8, 19 53, and that death occurred at 2:45 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): H. Lyon, M. D. — ADDRESS: State Sanatorium, Md. — DATE SIGNED: 4/8/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 4/11/53 — NAME OF CEMETERY OR CREMATORY: Baltimore — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 4/8/53 — REGISTRAR'S SIGNATURE: H. Lyon

24. FUNERAL DIRECTOR: M. L. Creager, Thurmont, Md. — ADDRESS


APR 10

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1001

CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) FREDERICK
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brunswick
STREET ADDRESS (If rural give location) 519 W "B" St.

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) James (Last) Coffman
4. DATE OF DEATH: (Month) April (Day) 30 (Year) 1953
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 1-18-89
9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Machinist
10b. KIND OF BUSINESS OR INDUSTRY: B & O R R Co
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: James E. Coffman
14. MOTHER'S MAIDEN NAME: Nora Spiker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) I
16. SOCIAL SECURITY NO.: 705-10-2773
17. INFORMANT & ADDRESS: Mrs Grace M Coffman, Brunswick Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
Immediate cause (a) Pulmonary Hemorrhage DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Bronchiectasis DUE TO
(c)
Interval Between Onset And Death: 1 week

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. None
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify, that I attended the deceased from April 24, 1953, to April 30, 1953, that I last saw the deceased alive on April 30 1953, and that death occurred at 6:30 P.M., from the causes and on the date stated above.
SIGNATURE A. A. Coare (Degree or title) M.D. ADDRESS Frederick, Md. DATE SIGNED 4/30/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 5-3-53
NAME OF CEMETERY OR CREMATORY Park Heights
LOCATION (City, town, or county) (State) Brunswick Maryland

DATE REC'D BY LOCAL REGISTRAR 2 May 1953
REGISTRAR'S SIGNATURE Elizabeth L. Hecht
24. FUNERAL DIRECTOR C. H. Feete & Bro. ADDRESS Brunswick, Md.

VS. A15

RECEIVED
MAY 5 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 24002

CERTIFICATE OF DEATH

Reg. Dist. No. 13\

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Frederick
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Frederick
MARYLAND LENGTH OF STAY (in this place): 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1401 N. Market St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederick
STREET ADDRESS (If rural give location): 1401 N. Market St.

3. NAME OF DECEASED: (First) Annie (Middle) Margaret (Last) Davis
4. DATE OF DEATH: (Month) April (Day) 20 (Year) 19 53
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Oct. 30-1873
9. AGE Last birthday: 79 yrs. IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): West Virginia
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: William Lewis
14. MOTHER'S MAIDEN NAME: Anna Depoe
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 217-32-7189
17. INFORMANT & ADDRESS: Mrs. A. Scott Lee- 1401 N. Market Street Frederick- Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1
Immediate cause (a) Arteriosclerotic cardio-vascular disease — Interval Between Onset And Death: Several years

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

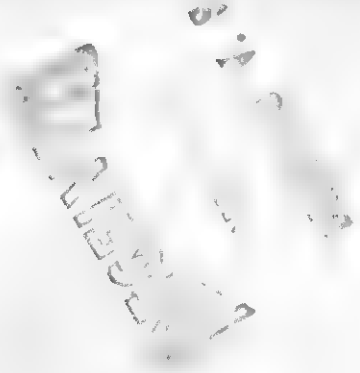
22. I hereby certify that I attended the deceased from Sept. ,1952, to April 20, 1953, that I last saw the deceased alive on April 20, 1953, and that death occurred at 1:15 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Ernest A. Dettbarn M.D.
ADDRESS: 620 Hail Ave.
DATE SIGNED: April 21/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 4-23-1953
NAME OF CEMETERY OR CREMATORY: Masonic Cemetery
LOCATION (City, town, or county) (State): Shinnton- West Virginia

DATE REC'D BY LOCAL REGISTRAR: 22 April 1953
REGISTRAR'S SIGNATURE: Elizabeth G. Heck
24. FUNERAL DIRECTOR: C.E.Cline and Son- Frederick- Md.
ADDRESS

VS. T



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 53003

CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL OR ~~TOWN~~ and give nearest town) Frederick
LENGTH OF STAY (in this place) 7 Hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural give location) 1700 Rosemont Avenue

3. NAME OF DECEASED: (Type or Print) (First) BLANCHE (Middle) EUGENE (Last) DAVIS
4. DATE OF DEATH: (Month) April (Day) 14, (Year) 19 53

5. SEX: Female
6. COLOR OR RACE: White
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify): Widow
8. DATE OF BIRTH: July 21, 1888
9. AGE last birthday: 64 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert Asten
14. MOTHER'S MAIDEN NAME: Blanche Harris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: 1700 Rosemont Avenue, Miss Mary S. Davis, Frederick, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
420.1
Immediate cause (a) Coronary occlusion — Interval Between Onset And Death: 8 hours
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b)
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/25, 1953, to 4/14, 1953, that I last saw the deceased alive on 4/13, 1953, and that death occurred at 4:35 A.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) James B. Thomas, M.D.
ADDRESS Frederick, Md.
DATE SIGNED 4/14/53

23. BURIAL, ~~CREMATION, REMOVAL~~ (Specify) Burial
DATE THEREOF April 17, 1953
NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery
LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR 15 April 1953
REGISTRAR'S SIGNATURE Elizabeth B. Hoch.
24. FUNERAL DIRECTOR ADDRESS M.R. Etchison & Son, Frederick, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 24004

CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL OR ~~TOWN~~ and give nearest town) Frederick
LENGTH OF STAY (in this place) Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8 Mount Olivet Blvd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural give location) 8 Mount Olivet Blvd.

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) ELIZABETH (Last) DANIELS

4. DATE OF DEATH: (Month) April (Day) 3, (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED~~, (Specify): Widow

8. DATE OF BIRTH: May25, 1872

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11 BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edward Gittinger

14. MOTHER'S MAIDEN NAME: Serena Ackerman

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: 8 Mount Olivet Blvd. Mrs. J.M. Koons, Frederick, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

3-1-X

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: 3 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Arterio sclerosis — 10 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 19 5-, to April 3, 19 5- that I last saw the deceased alive on April 3 19 5-, and that death occurred at 12:30 A.M., from the causes and on the date stated above.

SIGNATURE W. M. Smith (Degree or title) M.D. ADDRESS Frederick, Maryland DATE SIGNED 4/3/1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF April 6, 1953 NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR 6 April 1953 REGISTRAR'S SIGNATURE Elizabeth G. Hoke

24. FUNERAL DIRECTOR ADDRESS M.R. Etchison & Son, Frederick, Maryland

VS. AIE

APR 7
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

24005

Reg. Dist. No. 140

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WOODSBORO
LENGTH OF STAY (In this place) 12 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY FREDERICK
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WOODSBORO
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) EARL (Middle) ZUGENBEEL (Last) DUDDERAR

4. DATE OF DEATH: (Month) APRIL (Day) 14 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: NOV. 18, 1880

9. AGE last birthday: 72 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARM HAND

10b. KIND OF BUSINESS OR INDUSTRY: FARM

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: GEORGE W. DUDDERAR

14. MOTHER'S MAIDEN NAME: LURA E. BUTLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.

16. SOCIAL SECURITY No.: 212-24-7469

17. INFORMANT AND ADDRESS: MRS. W.P. WINEBRUNER, WOODSBORO, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CONGESTIVE HEART FAILURE — YEARS

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ARTERIOSCLEROTIC HEART DISEASE — YEARS

(c) BRONCHIAL ASTHMA — YEARS

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. NONE
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY NONE
(CITY OR TOWN) NONE (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) NONE m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? NONE

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said ~~Autopsy~~, Inspection or ~~Inquiry~~, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Robert J. Turn M.D. 620 Lee Place, Frederick, Md. 4-15-53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | DATE THEREOF 4-17-1953 | NAME OF CEMETERY OR CREMATORY LINGANORE | LOCATION (City, town, or county) UNIONVILLE (State) MD.

DATE REC'D BY LOCAL REG. 4/17/53 | REGISTRAR'S SIGNATURE L C Powell | 24. FUNERAL DIRECTOR G.C. BARTON | ADDRESS WALKERSVILLE, MD.

RECEIVED
APR 21 1953
BUREAU V. A.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

14606

Reg. Dist. No. 134

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Emmitsburg | LENGTH OF STAY (in this place) 33 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Emmitsburg, Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Jennie (Middle) Linn (Last) Eyler

4. DATE OF DEATH: (Month) April (Day) 30, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: May 8, 1866

9. AGE last birthday: 86 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Frederick County, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Isaac Tressler

14. MOTHER'S MAIDEN NAME: Elvina Mills

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: Laura Sanders, Emmitsburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis — Interval Between Onset and Death: 2 years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Atherosclerotic Cardio-Vascular Disease — 7 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Colostomy; Cerebral Atherosclerosis

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1951, to April, 1953, that I last saw the deceased alive on April 30, 1953, and that death occurred at 2:20 p. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

James H. Wilson M.D. 267 Baltimore St. Hanover Pa. 5/2/53

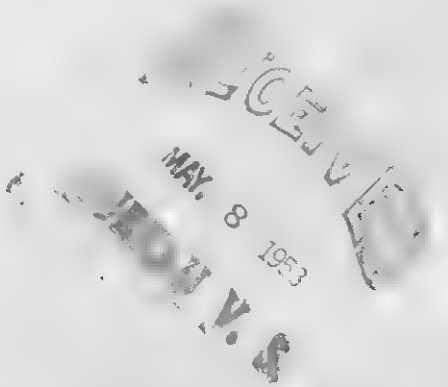
23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: May 3, 1953 — NAME OF CEMETERY OR CREMATORY: Mt. View — LOCATION (City, town, or county) (State): Emmitsburg, Frederick Co Md.

DATE REC'D BY LOCAL REG.: May 3-1953 — REGISTRAR'S SIGNATURE: M. F. Shuff

24. FUNERAL DIRECTOR: S. L. Allison — ADDRESS: Emmitsburg, Md.

S.L. Allison

VS. 415


MAY 8 1953

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04007

CERTIFICATE OF DEATH

Reg. Dist. No. 131

M

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL OR ~~TOWN~~ and give nearest town) Frederick, Md.
LENGTH OF STAY (in this place) 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS I5 South Bentz St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Fred.
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick, Md/
STREET ADDRESS (If rural give location) I5 South Bentz St.

3. NAME OF DECEASED: (Type or Print) (First) Ella (Middle) (Last) Flippin

4. DATE OF DEATH: (Month) Apr. I3, (Day) 1953 (Year) 19

5. SEX: Female

6. COLOR OR RACE: Colored

7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify): Widowed

8. DATE OF BIRTH: Aug.I5, I902

9. AGE last birthday: 5I yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: ~~XXXXXXXXXXXX~~

11. BIRTHPLACE (State or foreign country): Frederick, Co.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henson Posey

14. MOTHER'S MAIDEN NAME: Nellie Harper

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Janie Posey I28 W. All Saints Street Fred.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 X

Immediate cause (a) DUE TO Cerebral Haemorrhage

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Arterio Sclerosis, Hypertension

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 2, 1953, to , 19 , that I last saw the deceased alive on Apr 2, 1953, and that death occurred at Apr 13th 53 from the causes and on the date stated above.

SIGNATURE (Degree or title) Dr. M. G. Bourne Sr. ADDRESS Fred'k Md. DATE SIGNED

23. BURIAL, ~~CREMATION,~~ ~~REMOVAL~~ (Specify) Burial

DATE THEREOF Apr. I5-53

NAME OF CEMETERY OR CREMATORY Fairview

LOCATION (City, town, or county) (State) Frederick, Md.

DATE REC'D BY LOCAL REGISTRAR 15 April 1953

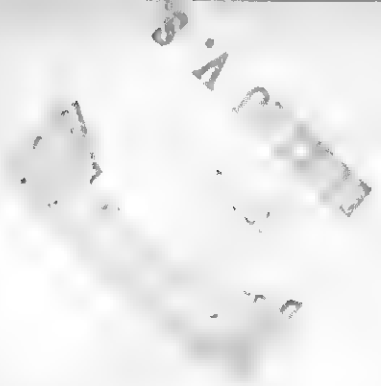
REGISTRAR'S SIGNATURE Elizabeth G. Heck

24. FUNERAL DIRECTOR Charles E. Hicks III ADDRESS Fred. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415 T



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN State Sanatorium
LENGTH OF STAY (in this place) Since 4/6/53
HOSPITAL OR INSTITUTION OR STREET ADDRESS Victor Cullen State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
STREET ADDRESS (If rural, give location) Box 147

3. NAME OF DECEASED (Type or Print) (First) Jesse (Middle) Earl (Last) Green
4. DATE OF DEATH (Month) April (Day) 13 (Year) 1953
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Feb. 7, 1902
9. AGE last birthday 51 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Coal Miner
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Amos Green
14. MOTHER'S MAIDEN NAME Rebecca ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 214-01-6649
17. INFORMANT AND ADDRESS Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Primary Carcinoma of Left Lung

162X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: 3 Months

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/6, 1953, to 4/13, 1953, that I last saw the deceased alive on 4/13, 1953, and that death occurred at 9:45 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature] ADDRESS State Sanatorium, Md. DATE SIGNED 4/17/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF April 17, 1953
NAME OF CEMETERY OR CREMATORY Lonaconing
LOCATION (City, town, or county) (State) Lonaconing, Md.
DATE REC'D BY LOCAL REG. 4/17/53
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Geo. Eichhorn, Lonaconing, Md. ADDRESS

2

Item 21 Film G153 4-20-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ New Windsor Rural
STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) FANNIE W. GREENWOOD
4. DATE OF DEATH (Month) (Day) (Year) April 4 1953
5. SEX F
6. COLOR OR RACE W
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify) Widowed
8. DATE OF BIRTH Jan 25 - 1865
9. AGE last birthday 88 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY own home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Washington Nusbaum
14. MOTHER'S MAIDEN NAME Mrs Washington Nusbaum
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Horace Greenwood New Windsor Rural

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

902.0 Immediate cause (a) Shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fractured Femur — 10 d a

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Acc.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) New Windsor R #1 (COUNTY) Carroll (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 3-27-53 m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? was getting out of bed and slipped and fell injurying left hip.

22. I hereby certify that I attended the deceased from 3/27, 1953, to 4/7, 1953, that I last saw the deceased alive on 4/31, 1953 and that death occurred at 2 a m., from the causes and on the date stated above.

SIGNATURE E P Thomas (Degree or title) ADDRESS Frederick Md DATE SIGNED Apr 4-53

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) Burial
DATE THEREOF 4/7/53
NAME OF CEMETERY OR CREMATORY Greenwood Cemetery
LOCATION (City, town, or county) Carroll Co (State) Maryland
DATE REC'D BY LOCAL REG. 4/6/53
REGISTRAR'S SIGNATURE Elizabeth G. Hack
24. FUNERAL DIRECTOR D. W. Hartz Co. & Sons ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

APR 14

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

04:10

Reg. Dist. No. 140

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Keymar
LENGTH OF STAY (in this place) years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 2

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Keymar
STREET ADDRESS (If rural, give location) Route 2

3. NAME OF DECEASED (Type or Print) (First) FRANCIS (Middle) EPHRAIM (Last) GRIMES
4. DATE OF DEATH (Month) APRIL (Day) 15 (Year) 1953
5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH MARCH 7, 1875
9. AGE last birthday 78 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER
10b. KIND OF BUSINESS OR INDUSTRY OWN FARMER
11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME WILLIAM GRIMES
14. MOTHER'S MAIDEN NAME LOUISE GARVER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of [redacted]) no
16. SOCIAL SECURITY No. 212-24-3624
17. INFORMANT AND ADDRESS WIFE: Lula E. Grimes, Ple 2, Keymar, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
420.0 Immediate cause	(a) Acute Coronary Artery Thrombosis	minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic heart disease	Years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) None (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? None

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said ~~Autopsy~~, Inspection or ~~Inquiry~~, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Robert J. Turie, M.D., 620 Lee Place, Frederick, Md. 4-15-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 4/18/53
NAME OF CEMETERY OR CREMATORY Rocky Hill Cemetery
LOCATION (City, town, or county) Woodsboro Rural (State) Md
DATE REC'D BY LOCAL REG. 4/16/53
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Powell & Hartzler ADDRESS Woodsboro, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04912

CERTIFICATE OF DEATH

Reg. Dist. No. 13-1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

1. PLACE OF DEATH
COUNTY: Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: FREDERICK
LENGTH OF STAY (In this place): 25 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 615 N. Bentz St.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Frederick City
STREET ADDRESS (If rural, give location): 615 N. Bentz

3. NAME OF DECEASED (Type or Print): (First) Daisy (Middle) Catherine (Last) Hape

4. DATE OF DEATH: (Month) April (Day) 20 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify): Married

8. DATE OF BIRTH: 5/5 1889

9. AGE last birthday: 63 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joshua Gruber

14. MOTHER'S MAIDEN NAME: Lillie Engle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: --

17. INFORMANT AND ADDRESS: Harry Hape 615 N. Bentz St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4a

Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

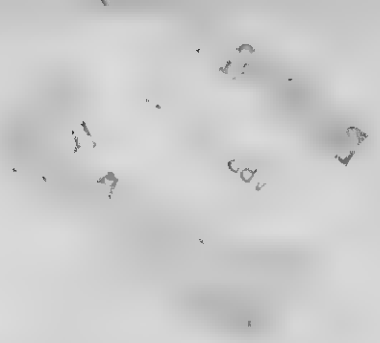
22. I hereby certify that I attended the deceased from 4-18, 1953, to 4-20, 1953; that I last saw the deceased alive on 4-20, 1953; and that death occurred at 3 P.M., from the causes and on the date stated above.

SIGNATURE: U. J. Bourne Jr (Degree or title) M D ADDRESS: Frederick, Md DATE SIGNED: 4/21/53

23. BURIAL, CREMATION, ~~REMOVAL~~ (Specify): Burial — DATE THEREOF: April 22-1953 — NAME OF CEMETERY OR CREMATORY: Rocky Hill — LOCATION (City, town, or county) (State): nr. Woodsboro Md.

DATE REC'D BY LOCAL REG.: 21 April 1953 — REGISTRAR'S SIGNATURE: Elizabeth S. Hess

24. FUNERAL DIRECTOR: G.C.Barton — ADDRESS: Walkersville Md.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (1011)

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL OR ~~TOWN~~ and give nearest town) Frederick
LENGTH OF STAY (in this place) 5 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural give location) 611 West Patrick Street

3. NAME OF DECEASED: (Type or Print) (First) Howard (Middle) H. (Last) Harner
4. DATE OF DEATH: (Month) April (Day) 5 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify): Widowed
8. DATE OF BIRTH: July 25, 1882
9. AGE last birthday: 70 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Engineer
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Edward Harner
14. MOTHER'S MAIDEN NAME: Mary Catherine Ott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 705-07-6644
17. INFORMANT & ADDRESS: Mrs. A. Owen Mercer, Frederick, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.0
Immediate cause (a) Arteriosclerotic Heart Disease — 6 mo.
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Myocardial Insufficiency
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: No
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1, 1952, to April 5, 1953, that I last saw the deceased alive on April 5, 1953, and that death occurred at 8:30 P.M. from the causes and on the date stated above.
SIGNATURE (Degree or title) A. G. Geare, M.D. ADDRESS Frederick, Md. DATE SIGNED 4/5/53

23. BURIAL, CREMATION, REMOVAL? (Specify) Burial
DATE THEREOF April 8, 1953
NAME OF CEMETERY OR CREMATORY Taneytown Lutheran Cemetery
LOCATION (City, town, or county) Taneytown, Maryland (State)

DATE REC'D BY LOCAL REGISTRAR 7 April 1953
REGISTRAR'S SIGNATURE Elizabeth S. Fech.
24. FUNERAL DIRECTOR ADDRESS C. E. Cline & Son, Frederick, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS/ A15

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 207

04013

1-24

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Emmitsburg
LENGTH OF STAY (In this place) 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS ~~John~~

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Emmitsburg
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Thomas (Last) Hemler

4. DATE OF DEATH (Month) Apr (Day) 7 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Apr 21-1876
9. AGE last birthday 76 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY On Farm
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Samuel Hemler
14. MOTHER'S MAIDEN NAME Annie Flourence

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) no
16. SOCIAL SECURITY NO. no
17. INFORMANT Felix Hemler Thurmont Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1 Immediate cause (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days

Antecedent cause(s) (b) arteriosclerotic cardio vascular disease — several years

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 45, 1945, to April 7, 1953, that I last saw the deceased alive on April 6, 1953, and that death occurred at 6:15 P. m., from the causes and on the date stated above.

SIGNATURE W. R. Codle MD (Degree or title) ADDRESS Emmitsburg Md DATE SIGNED 4-7-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Apr 10-53
NAME OF CEMETERY OR CREMATORY St Anthony Cem
LOCATION (City, town, or county) St Anthony (State) Md

DATE REC'D BY LOCAL REG. April 8-1953
REGISTRAR'S SIGNATURE M. F. Shuff
24. FUNERAL DIRECTOR M. A. Creager Son
ADDRESS Thurmont

APR 14
RAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14014

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1 PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place) Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural give location) 228 West Patrick Street

3. NAME OF DECEASED: (Type or Print) (First) EFFIE (Middle) HAUVER (Last) HEMP
4. DATE OF DEATH: (Month) 4 (Day) 20 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify): Widow
8. DATE OF BIRTH: 8 Sept 1872
9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): House-wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Allen Eccard
14. MOTHER'S MAIDEN NAME: Amanda Schroyer

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: 402 Elm St., Mrs. Joseph S. Stephens, Frederick, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Myocardial infarction ~~Coronary occlusion~~ DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Generalized arteriosclerosis DUE TO

(c)

Interval Between Onset And Death: 24 hours; years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/16, 1951, to 4/20, 1953, that I last saw the deceased alive on 4/20, 1953, and that death occurred at 7:40 A, from the causes and on the date stated above.

SIGNATURE James B. Thomas (Degree or title) M. D. ADDRESS Frederick, Maryland DATE SIGNED 21 April 1953

23. BURIAL, CREMATION, ~~REMOVAL~~ (Specify) Burial
DATE THEREOF 22 April 1953
NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery
LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR 21 April 1953
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR M. R. Etchison and Son, Frederick, Maryland ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

APR 1955
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4015

CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH:
COUNTY Frederick MARYLAND
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Ijamsville-Rural RD#1
LENGTH OF STAY (in this place) 50 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Near Monrovia

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Ijamsville-Rural RD#1
STREET ADDRESS (If rural give location) Near Monrovia

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) EPHRAIM (Last) HENDRICKSON

4. DATE OF DEATH: (Month) 4 (Day) 18 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 15 Aug 1863

9. AGE last birthday: 89 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired Owner

10b. KIND OF BUSINESS OR INDUSTRY: Contracting Business

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Ephraim Hendrickson

14. MOTHER'S MAIDEN NAME: Cecelia Anderson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs. Mary H. Fout, RD#1, Ijamsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

Immediate cause (a) Arteriosclerotic cardiovascular disease — Interval Between Onset And Death: 15 years.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7 6 ,1952, to 4 18 , 1953, that I last saw the deceased alive on 4 15 , 1953, and that death occurred at 7:20 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

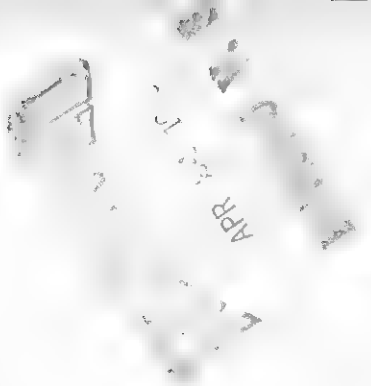
James J. Kerr M. D. Damascus, Maryland 20 April 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 21 April 1953
NAME OF CEMETERY OR CREMATORY St. Ignatius Cemetery
LOCATION (City, town, or county) (State) Urbana, Maryland

DATE REC'D BY LOCAL REGISTRAR 21 April 1953
REGISTRAR'S SIGNATURE Elizabeth G. Heck

24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland ADDRESS

VS. A15


APR

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1016

CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS 118 East Fourth Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural give location) 118 East Fourth Street

3. NAME OF DECEASED: (Type or Print) (First) ANNIE (Middle) MARY (Last) HILTNER

4. DATE OF DEATH: (Month) April (Day) 26 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED~~, (Specify): Widowed

8. DATE OF BIRTH: August 11, 1858

9. AGE last birthday: IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS Hours Min. 94 yrs.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Schroedel

14. MOTHER'S MAIDEN NAME: Barbara Sader

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Guy Victor Hiltner, Frederick, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic myocarditis

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

Interval Between Onset And Death 10 yrs.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 1933, to Apr ., 1953, that I last saw the deceased alive on Apr. 19, 1953, and that death occurred at 6:30 A.M., from the causes and on the date stated above.

SIGNATURE H H Klein (Degree or title) M.D. ADDRESS Frederick Md. DATE SIGNED Apr 27 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF April 28, 1953

NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery

LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR 28 April 1953

REGISTRAR'S SIGNATURE Elizabeth G. Hoke.

24. FUNERAL DIRECTOR ADDRESS C. E. Cline & Son, Frederick, Maryland

VS. A15

RECEIVED
APR 29 1953
BUREAU Y.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Emergency Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
STREET ADDRESS (If rural, give location) 23 W All Saint St

3. NAME OF [redacted] (Type or Print) (First) (Middle) (Last) Halliday
4. DATE OF DEATH (Month) (Day) (Year) April 1 1953

5. SEX Female
6. COLOR OR RACE C
7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify)
8. DATE OF BIRTH 3-30-53
9. AGE last birthday yrs. If under 1 year: Months 2 Days; If under 24 hrs.: Hours 1 Min. 20

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Ralph Levi Edwards
14. MOTHER'S MAIDEN NAME Rose Elizabeth Halliday

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

762.5 Immediate cause (a) Atelectasis

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Prematurity (28 weeks)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 30, 1953, to April 1, 1953, that I last saw the deceased alive on March 31, 1953, and that death occurred at 6:10 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Bernard Thomas Jr. M.D. ADDRESS [illegible] DATE SIGNED [illegible]

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Apr. 1-53
NAME OF CEMETERY OR CREMATORY Bartonsville
LOCATION (City, town, or county) (State) Bartonsville Md

DATE REC'D BY LOCAL REG. 1 April 1953
REGISTRAR'S SIGNATURE Elizabeth G. Heder
24. FUNERAL DIRECTOR Chas. E. Kirks III ADDRESS Fred. Md.

2033161280

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
FEB 6 1934
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1018

CERTIFICATE OF DEATH

Reg. Dist. No. 1-45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Myersville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. — COUNTY Fred.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Myersville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) E. (Last) Hooper

4. DATE OF DEATH: (Month) 4 (Day) 19 (Year) 1953

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow

8. DATE OF BIRTH: 3-26-1863

9. AGE last birthday: 90 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: John P. Haller

14. MOTHER'S MAIDEN NAME: Jane Hiles

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Mrs. Pearl Brandenburg, Myersville, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0

Immediate cause (a) DUE TO Generalized Arterio-Sclerosis

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

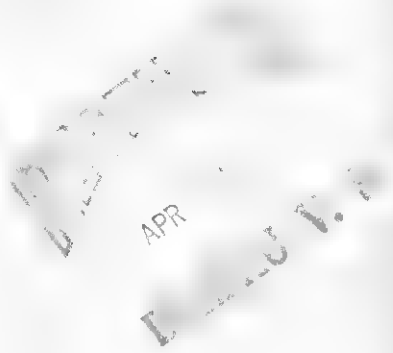
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 12, 1953, to Apr 19, 1953, that I last saw the deceased alive on Apr 18 1953, and that death occurred at 7-15A, from the causes and on the date stated above.

SIGNATURE E Hoop (Degree or title) Md — ADDRESS Middletown — DATE SIGNED 4-20-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 4-22-1953 — NAME OF CEMETERY OR CREMATORY Greenmount Cemetery — LOCATION (City, town, or county) Frederick Co. (State) Md.

DATE REC'D BY LOCAL REGISTRAR 4-22-53 — REGISTRAR'S SIGNATURE Floy M. Bittle Acting — 24. FUNERAL DIRECTOR Gladhill Co. — ADDRESS Middletown, Md.



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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Brunswick
LENGTH OF STAY (in this place) 3 no
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenmerrie Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dickerson Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Emma (Middle) Lambert (Last) Hurt
4. DATE OF DEATH (Month) Apr (Day) 10 (Year) 1953
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Nov. 22. 1875
9. AGE last birthday 77 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Rock Gap. Va.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME William Lambert
14. MOTHER'S MAIDEN NAME Mary Ellen Ruble
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Eugene Hurt. Beallsville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.0 Immediate cause	(a) Coronary Insufficiency	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) arteriosclerotic Heart Disease	5 years
	(c) Disabling Hypertrophic arthritis	10 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 16, 1953, to April 10, 1953, that I last saw the deceased alive on April 10, 1953, and that death occurred at 12:50 P. m., from the causes and on the date stated above.

SIGNATURE William W. Omeson (Degree or title) M.D. ADDRESS Brunswick Md DATE SIGNED 4/10/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Apr 12. 53
NAME OF CEMETERY OR CREMATORY Monocacy
LOCATION (City, town, or county) (State) Beallsville Md

DATE REC'D BY LOCAL REG. Apr 10-53
REGISTRAR'S SIGNATURE Kathryn H. Brown
24. FUNERAL DIRECTOR William B. Hillan ADDRESS Barnesville Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 53020

CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Frederick
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town: Frederick
LENGTH OF STAY (in this place): 2 Wks.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Frederick Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY: Fred.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederick
STREET ADDRESS (If rural give location): 118 W. All Saints Street

3. NAME OF DECEASED: (Type or Print) (First) Samuel (Middle) Scott (Last) Jenkins

4. DATE OF DEATH: (Month) April (Day) 26, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: May 30, 1886

9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Cafe Proporitor

10b. KIND OF BUSINESS OR INDUSTRY: Cafe

11. BIRTHPLACE (State or foreign country): Williamsport Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Edward Jenkins

14. MOTHER'S MAIDEN NAME: Harriet Bywaters

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no
(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Caroline Dixon- 308 Bentz St. Fred. Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO: Cerebral Hemorrhage — Interval Between Onset And Death: 2 wks

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO:

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 11 ..., 1953, to Apr 26 1953 that I last saw the deceased alive on Apr 26, 1953, and that death occurred at 7 P.M. from the causes and on the date stated above.

SIGNATURE: E. P. Thomas (Degree or title)

ADDRESS: Frederick Md.

DATE SIGNED: Apr 29-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: April 30-53

NAME OF CEMETERY OR CREMATORY: Fairview

LOCATION (City, town, or county) (State): Frederick Md.

DATE REC'D BY LOCAL REGISTRAR: 29 April 1953

REGISTRAR'S SIGNATURE: Elizabeth G. Hoch.

24. FUNERAL DIRECTOR: Charles E. Hicks III

ADDRESS: Fred. Md.

RECEIVED
MAY 1 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]21

CERTIFICATE OF DEATH

Reg. Dist. No. 19.1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL OR ~~TOWN~~ and give nearest town) Frederick
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural give location) 16 E. 4th St.

3. NAME OF DECEASED: (Type or Print) (First) Vinnie (Middle) R. (Last) Kefauver
4. DATE OF DEATH: (Month) 4 (Day) 1 (Year) 1953
5. SEX: female
6. COLOR OR RACE: white
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): married
8. DATE OF BIRTH: 10-24-1872
9. AGE Last birthday: 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME: George H. Baner
14. MOTHER'S MAIDEN NAME: Louisa Rapp
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Albert H. Kefauver, Frederick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
332+
Immediate cause (a) ... DUE TO Cerebral Thrombosis
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) ... DUE TO Arteriosclerosis
(c)
Interval Between Onset And Death 48 hrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/10, 1953 to 4/1, 1953 that I last saw the deceased alive on Mch 30 1953 and that death occurred at 8:30 AM from the causes and on the date stated above.
SIGNATURE H. Kefauver (Degree or title)
ADDRESS Frederick Md.
DATE SIGNED

23. BURIAL, ~~CREMATION~~, REMOVAL (Specify) Burial
DATE THEREOF 4-3-1953
NAME OF CEMETERY OR CREMATORY Lutheran Cemetery
LOCATION (City, town, or county) Middletown. (State) Md.
DATE REC'D BY LOCAL REGISTRAR 2 April 1953
REGISTRAR'S SIGNATURE Elizabeth G. Fech.
24. FUNERAL DIRECTOR Gladhill Co., Middletown, Md.
ADDRESS

VS A15

RECEIVED
APR 6
SAJ V.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 147

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Frederick; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridgeville; LENGTH OF STAY (in this place) 65yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridgeville; STREET ADDRESS (If rural, give location) Rural--Mt. Airy

3. NAME OF DECEASED (Type or Print): (First) JENNIE (Middle) M. (Last) KING

4. DATE OF DEATH: (Month) April (Day) 1, (Year) 1953

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 10-18-1866

9. AGE last birthday: 86 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Kimble

14. MOTHER'S MAIDEN NAME: Rebecca Weeks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Lillie Hatfield, R.D. Mt. Airy, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary edema	2 da.
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic decompensation	4 mo.
	(c) Cardio - Vascular - Renal disease	? yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Inoperable Carcinoma rt. Breast — 14 mo.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1952 to Apr. 1, 1953, that I last saw the deceased alive on Apr. 1, 1953 and that death occurred at 7 P.M., from the causes and on the date stated above.

SIGNATURE J. Stanley Grabill - M.D. (Degree or title) ADDRESS Mt. Airy, Md. DATE SIGNED 4/2/53

23. BURIAL / CREMATION / REMOVAL (Specify): BURIAL; DATE THEREOF: 4-4-1953; NAME OF CEMETERY OR CREMATORY: Pine Grove; LOCATION (City, town, or county) (State): Mt. Airy, Carroll Co. Md.

DATE REC'D BY LOCAL REG.: April 4, 1953; REGISTRAR'S SIGNATURE: Blanche A. Runkles

24. FUNERAL DIRECTOR: C. M. Waltz, Winfield, Md. ADDRESS

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04023

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place) Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural give location) 18 West Church Street

3. NAME OF DECEASED: (Type or Print) (First) ELSIE (Middle) SOPHIA (Last) KOLB

4. DATE OF DEATH: (Month) 4 (Day) 22 (Year) 19 53

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): Single
8. DATE OF BIRTH: 14 Nov 1883
9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Alfred Kolb
14. MOTHER'S MAIDEN NAME: Alice R. Smith

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: 18 W. Church St., Earl A. Kolb, Sr., Frederick, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442X

Immediate cause (a) Acute Cardiac Decompensation
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Chr. Cardiac Vascular Renal Disease
DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug ..., 19 44, to April 22, 1953, that I last saw the deceased alive on April 22, 1953, and that death occurred at 10:40 AM, from the causes and on the date stated above.

SIGNATURE H Lawrence Tahmey (Degree or title) M. D. ADDRESS Frederick, Maryland DATE SIGNED 23 April 1953

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) Burial
DATE THEREOF 25 April 1953
NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery
LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR 23 April 1953
REGISTRAR'S SIGNATURE Elizabeth G. Hack
24. FUNERAL DIRECTOR M. R. Etchison and Son, Frederick, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 15 T

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04024

CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Jefferson-Rural RD#1
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Near Jefferson

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Jefferson-Rural RD#1
STREET ADDRESS (If rural give location) Near Jefferson

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) WILLIAM (Last) LAKIN
4. DATE OF DEATH: (Month) 4 (Day) 9 (Year) 19 53

5. SEX: Male
6. COLOR OR RACE: White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): Married
8. DATE OF BIRTH: 8 Oct 1893
9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm Owner
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Cephus E. Lakin
14. MOTHER'S MAIDEN NAME: Flora B. Souder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mrs. Amanda A. Lakin, RD#1, Jefferson, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Acute Myocardial decompensation	5 mi
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Metastatic Carcinoma	4 mo
	(c) DUE TO Carcinoma Sigmoid	5 mo

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/4, 1953, to 4/8, 1953 that I last saw the deceased alive on 4/8, 1953, and ~~that~~ death occurred at 1:55 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Talbot O'Brien M. D.
ADDRESS Jefferson, Maryland
DATE SIGNED 10 April 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 12 April 1953
NAME OF CEMETERY OR CREMATORY Reformed Cemetery
LOCATION (City, town, or county) (State) Jefferson, Maryland

DATE REC'D BY LOCAL REGISTRAR 10 April 1953
REGISTRAR'S SIGNATURE Elizabeth Stark.
24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son, Frederick, Maryland

APR 13 19
BUREAU V.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04025

CERTIFICATE OF DEATH

Reg. Dist. No. 132

1. PLACE OF DEATH — COUNTY: Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Burkettsville — LENGTH OF STAY (in this place): 5 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Fred.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Burkettsville
STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print): (First) Foster (Middle) — (Last) Leatherman
4. DATE OF DEATH: (Month) 4 (Day) 20 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 4-8-1889
9. AGE last birthday: 64 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Automobile Mechanic
10b. KIND OF BUSINESS OR INDUSTRY: Garage
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: John W. Leatherman
14. MOTHER'S MAIDEN NAME: Flora Faver
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY No.: 217-32-6030
17. INFORMANT AND ADDRESS: Mrs Clara Williams Leatherman Burkettsville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1 Immediate cause (a) acute congestive heart failure — 1 day

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) cardiovascular disease — 1 year

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☑ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ~~12:30 P~~ 3-4-1953 19....., to April 20, 1953, that I last saw the deceased alive on April 20, 1953, and that death occurred at 12:30 P m., from the causes and on the date stated above.

SIGNATURE: William W. Carrison (Degree or title) MD — ADDRESS: Brunswick — DATE SIGNED: Maryland

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 4-23-53 — NAME OF CEMETERY OR CREMATORY: Reformed — LOCATION (City, town, or county) (State): Knoxville Maryland

DATE REC'D BY LOCAL REG.: Apr 23-1953 — REGISTRAR'S SIGNATURE: [illegible] — 24. FUNERAL DIRECTOR: C. H. Feeb & Bro — ADDRESS: Brunswick Md.

RECEIVED
APR 29 1953
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 #1026

CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH:
COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Thurmont
HOSPITAL OR INSTITUTION OR STREET ADDRESS
MARYLAND
LENGTH OF STAY (in this place) 27yrs

2. USUAL RESIDENCE (HOME) OF DECEASED: Frederick
STATE Md
COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Thurmont
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Agnes (Middle) Lee (Last) Little

4. DATE OF DEATH (Month) April (Day) 13 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: Jan. 1 1883

9. AGE last birthday: 70 yrs.
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Martinsburg W.Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: No

17. INFORMANT & ADDRESS: Ruth E. Little. Thurmont. MD

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Cerebral hemorrhage — 2 1/2 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Hypertension — ?

DUE TO

(c) Arteriosclerosis — ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic myocarditis — ?

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 10, 1953, to April 13, 1953, that I last saw the deceased alive on April 12, 1953, and that death occurred at 7:15 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) M. Franklin Bird MD
ADDRESS Thurmont Md.
DATE SIGNED April 14 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Apr. 16. 1953
NAME OF CEMETERY OR CREMATORY Mt. Carmel Cem.
LOCATION (City, town or county) (State) Thurmont. Fredk Co. Md

DATE REC'D BY LOCAL REGISTRAR April 15 1953
REGISTRAR'S SIGNATURE Blanche S. Eyler

24. FUNERAL DIRECTOR M. L. Creager & Son. Thurmont. MD
ADDRESS

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Item 9 FilmC153 4/24/53 whw

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

4027

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick | LENGTH OF STAY (In this place) DOA
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Mem Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
STREET ADDRESS (If rural, give location) 425 Klineharts Alley

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
HARRY	RUSSELL	LYLES	APRIL	18,	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED~~ (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
MALE	COLORED	SINGLE	Unknown	45? yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
NONE		MARYLAND	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James P. Lyles	Fannie M. Gray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	None	J. Rudolph Lyles, 114 East St., Frederick, ~~Md.~~

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Ruptured Esophageal Varices	48 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cirrhosis of the Liver	YEARS
	(c) CHRONIC ALCOHOLISM	YEARS

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. NONE	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY NONE	(CITY OR TOWN) NONE	(COUNTY)	(STATE)

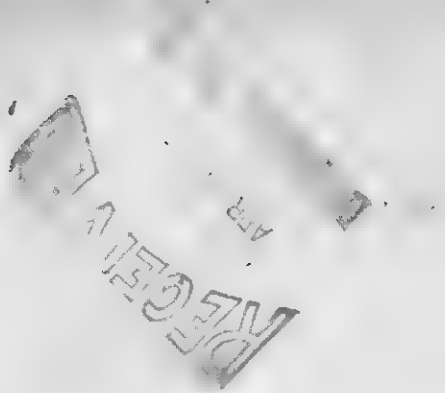
TIME (Month) (Day) (Year) (Hour) OF INJURY NONE m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR? NONE

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Robert J. Jurie	M.D.	620 Lee Pl., Frederick, Md.	4-18-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	20 April 1953	Fairview Cemetery	Frederick, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
20 April 1953	Elizabeth G. Keefe	M. R. Etchison & Son	Frederick, Maryland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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 34028

CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Frederick-Rural RD#5
LENGTH OF STAY (in this place) Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Emergency Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick-Rural RD#1
STREET ADDRESS (If rural give location) Near Pearl

3. NAME OF DECEASED: (Type or Print) (First) THOMAS (Middle) GILMORE (Last) MAIN

4. DATE OF DEATH: (Month) 4 (Day) 1 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED,~~ (Specify): Single

8. DATE OF BIRTH: 14 Aug 1885

9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Farm Owner

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Cornelius Main

14. MOTHER'S MAIDEN NAME: Sophia Lipps

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Harry Main, RD#1, Frederick, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Intestinal Obstruction

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO (c) Strangulated Inguinal Hernia

Interval Between Onset And Death: 3 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1, 1953, to April 1, 1953, that I last saw the deceased alive on March 31 1953, and that death occurred at 8:20 A., from the causes and on the date stated above.

SIGNATURE Edward Hench (Degree or title) M. D. ADDRESS Frederick, Maryland DATE SIGNED 1 April 1953

23. BURIAL, CREMATION, ~~REMOVAL~~ (Specify) Burial

DATE THEREOF 3 April 1953

NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery

LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR 1 April 1953

REGISTRAR'S SIGNATURE Elizabeth B. Hack

24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son, Frederick, Maryland

RECEIVED
APR 6 1953
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04029

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL OR ~~TOWN~~ and give nearest town) Frederick
LENGTH OF STAY (in this place) 4 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 708 North Market Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Frederick-Rural RD#2
STREET ADDRESS (If rural give location) Urbana

3. NAME OF DECEASED: (Type or Print) (First) ANNIE (Middle) BELLE (Last) McELFRESH
4. DATE OF DEATH: (Month) 4 (Day) 18 (Year) 19 53

5. SEX: Female
6. COLOR OR RACE: White
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED~~, (Specify): Widow
8. DATE OF BIRTH: 25 Aug 1865
9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): House-wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John W. House
14. MOTHER'S MAIDEN NAME: Lucy R. Beall

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: William T. McElfresh, 3207 Oregon Ave., Louisville, Ky.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
002X
Immediate cause (a) Chronic Pulmonary TB
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Chronic Myocarditis
DUE TO
(c) Arteria Sclerosis

Interval Between Onset And Death 30 yrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 16, 1953, to Apr 18 1953, that I last saw the deceased alive on Apr 18, 1953, and that death occurred at 11:45 P, from the causes and on the date stated above.
SIGNATURE (Degree or title) M. D. ADDRESS Frederick, Maryland DATE SIGNED 21 April 1953

23. BURIAL, ~~CREMATION~~, REMOVAL (Specify) Burial
DATE THEREOF 21 April 1953
NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery
LOCATION (City, town, or county) (State) Frederick, Maryland
DATE REC'D BY LOCAL REGISTRAR 21 April 1953
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A154

1

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY FREDERICK MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ FREDERICK
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS FREDERICK MEM. HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY FREDERICK
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ FREDERICK
STREET ADDRESS (If rural, give location) 109 W. 5th St.

3. NAME OF DECEASED (Type or Print) (First) RITA (Middle) LODEMA (Last) McKENZIE
4. DATE OF DEATH (Month) April (Day) 12 (Year) 1953

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) SINGLE
8. DATE OF BIRTH March 14, 1915
9. AGE last birthday 38 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Francis F. McKenzie
14. MOTHER'S MAIDEN NAME Nettie Waltz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO
16. SOCIAL SECURITY NO. 219-07-9527
17. INFORMANT AND ADDRESS 1201 Oak Drive, Spring Mrs. Agnes M. Eyler, Valley, Frederick, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
4	Immediate cause	(a) Acute Congestive Heart Failure	15 minutes
	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic heart disease	?
		(c) Obesity	Life

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. None
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY None (CITY OR TOWN) None (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? None

22. *I certify that I took charge of the remains described above, held an Autopsy __, Inspection X, Inquiry __ thereon and from the evidence obtained by said ~~Autopsy~~, Inspection or ~~Inquiry~~, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[illegible] M.D. 620 Lee Place, Frederick, Md 4-12-53

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) Burial
DATE THEREOF April 15, 1953
NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery
LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REG. 13 April 1953
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR ADDRESS M.R. Etchison & Son, Frederick, Maryland

Item 21f Film G153 4-28-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

2931

Reg. Dist. No. 144

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY. WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Frederick Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural- Creagerstown
LENGTH OF STAY (In this place): 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Creagerstown - rural
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
HAROLD	KENNETH	MISNER	APRIL	10	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	June 18, 1936	16 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Father's farm	Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Lloyd Victor Misner	Ida May Wolf

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
	217-32-6545	Mr. Lloyd Misner Thurmont RD Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) SHOCK, DUE TO HEMORRHAGE	5 mins.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) RUPTURED LIVER	5 mins.
	(c)	

8.2.X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	HIGHWAY	NEAR CREAGERSTOWN,	FREDERICK,	MARYLAND

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
APRIL 10, 1953 7:10 A.M.		(1924 Model T truck) OVERTURNED VEHICLE WAS DRIVING

22. *I certify that I took charge of the remains described above, held an Autopsy* X, *Inspection* ☐, *Inquiry* ☐ *thereon and from the evidence obtained by said Autopsy, ~~Inspection~~ or ~~Inquiry~~, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐ *accident* ☒ *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Robert J. Durie, M.D.	620 Lee Place, Frederick, Md	15

21. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April 12 1953	Creagerstown Cem.	Creagerstown, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
April 12 1953	Blanche J. Eyler	M. L. Creager & Son Thurmont, Md.

VS. A15a

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04032

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Frederick
LENGTH OF STAY (in this place) 14 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dickerson-Rural RD#1
STREET ADDRESS (If rural give location) Forrest Grove

3. NAME OF DECEASED: (Type or Print) (First) LULA (Middle) ELIZABETH (Last) MOXLEY
4. DATE OF DEATH: (Month) 4 (Day) 8 (Year) 19 53
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 7 Nov 1880
9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): House-wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Lemuel Breckenridge
14. MOTHER'S MAIDEN NAME: Alberta C. Shry
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: William T. Moxley, RD#1, Dickerson, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 511X (a) Subacute Nephritis DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (with general anasarca) DUE TO

(c)

Interval Between Onset And Death: 2 months

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1, 1952, to April 8, 1953, that I last saw the deceased alive on April 8, 1953, and that death occurred at 2 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) B. C. Thomas Jr. M. D. ADDRESS Frederick, Maryland DATE SIGNED 9 April 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 11 April 1953
NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery
LOCATION (City, town, or county) (State) Frederick, Maryland
DATE REC'D BY LOCAL REGISTRAR 9 April 1953
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
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BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04033

CERTIFICATE OF DEATH

Reg. Dist. No. 13

1. PLACE OF DEATH: COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick; LENGTH OF STAY (in this place) 2 weeks; HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Frederick; CITY OR TOWN Legore; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) SAMUEL (Middle) B (Last) MYERS

4. DATE OF DEATH: (Month) April (Day) 14 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: July 14-1899

9. AGE last birthday: 53 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Minister

10b. KIND OF BUSINESS OR INDUSTRY: Ministry

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles M Myers

14. MOTHER'S MAIDEN NAME: Sally Zimmerman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 220-10-5605

17. INFORMANT AND ADDRESS: Rhoda A Myers, Legore, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis — Interval Between Onset and Death: 16 days

420.1

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive cardio-vascular disease — several years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Myocardial Infarction — 5 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 31, 1953, to April 14, 1953, that I last saw the deceased alive on April 13, 1953, and that death occurred at 6:40 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Ernest A. Dettbarn, M.D. ADDRESS 630 Hail Ave. Frederick, Maryland DATE SIGNED April 14/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 4/17/53

NAME OF CEMETERY OR CREMATORY Oak Hill

LOCATION (City, town, or county) (State) Frederick County, Md.

DATE REC'D BY LOCAL REG. 16 April 1953

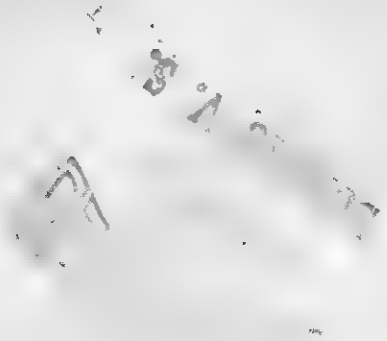
REGISTRAR'S SIGNATURE Elizabeth L. Keck

24. FUNERAL DIRECTOR ADDRESS Powell & Hartzler, Woodsboro, Md

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 #4034

CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place) 30 Minutes
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Frederick-Rural RD#4
STREET ADDRESS (If rural give location) Ballenger Creek Road

3. NAME OF DECEASED: (Type or Print) (First) LAURA (Middle) MAY (Last) NEWMAN

4. DATE OF DEATH: (Month) 4 (Day) 24 (Year) 1953

5. SEX: ~~Female~~ Female

6. COLOR OR RACE: Colored

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): Married

8. DATE OF BIRTH: 15 May 1900

9. AGE Last birthday: 52 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: House-work

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edward Boyd

14. MOTHER'S MAIDEN NAME: Maria V. Davis

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 220-30-8952

17. INFORMANT & ADDRESS: James E. Newman, RD#4, Frederick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

44

Immediate cause (a) [illegible]

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) [illegible]

DUE TO

(c)

Interval Between Onset And Death ~4

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 1952, to [illegible] 24, 1953, that I last saw the deceased alive on [illegible], 19[illegible] and that death occurred at 4:15 P., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) M. D. ADDRESS Frederick, Maryland DATE SIGNED 25 April 1953

23. BURIAL, ~~CREMATION~~, REMOVAL (Specify) Burial DATE THEREOF 27 April 1953 NAME OF CEMETERY OR CREMATORY Baptist Cemetery LOCATION (City, town, or county) (State) Near Lucketts, Virginia

DATE REC'D BY LOCAL REGISTRAR 25 April 1953 REGISTRAR'S SIGNATURE Elizabeth G. Fech

24. FUNERAL DIRECTOR ADDRESS M. R. Etchison and Son, Frederick, Maryland

VS. A15—1

RECEIVED
APR 29 1953

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04035

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
LENGTH OF STAY (in this place) 2 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Point of Rocks
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) LAWRENCE (Middle) EUGENE (Last) SIGAFOOSE
4. DATE OF DEATH: (Month) April (Day) 11, (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): Married
8. DATE OF BIRTH: November 28, 1880
9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Retired Merchant
10b. KIND OF BUSINESS OR INDUSTRY: Own-Store
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: William D. Sigafoose
14. MOTHER'S MAIDEN NAME: Julia Beall
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mrs. Nana W. Sigafoose, Pt. of Rocks, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Myocardial Infarction — Interval Between Onset And Death 48 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) ... DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Myelogenous Leukemia — several years.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes XX No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 10, 1953, to April 11, 1953, that I last saw the deceased alive on April 10, 1953, and that death occurred at 10:20 A.M., from the causes and on the date stated above.

SIGNATURE Ernest A. Dettbarn (Degree or title) M.D. ADDRESS Frederick, Maryland DATE SIGNED 4/13/1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 4/14/1953 NAME OF CEMETERY OR CREMATORY St. Pauls Cemetery LOCATION (City, town, or county) (State) Pt. of Rocks, Maryland
DATE REC'D BY LOCAL REGISTRAR 13 April 1953 REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR M.R. Etchison & Son, ADDRESS Frederick, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

APR 14

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place) 3yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 202 E. Third St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural, give location) 202 E.third Street

3. NAME OF DECEASED (Type or Print) (First) Florence (Middle) Virginia (Last) Smith
4. DATE OF DEATH (Month) April (Day) 23 (Year) 1953
5. SEX F
6. COLOR OR RACE W
7. SINGLE, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify) Single
8. DATE OF BIRTH 1/12-1886
9. AGE last birthday 67 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME Anthomy Smith
14. MOTHER'S MAIDEN NAME S usan Crum
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 217-28-6057
17. INFORMANT AND ADDRESS Mrs EULA FINNEYFROCK.28-E.4th.Frederick

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma body of uterus — INTERVAL BETWEEN ONSET AND DEATH 6 months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1, 1952, to Apr 23, 1953, that I last saw the deceased alive on Apr 22, 1953, and that death occurred at 7:00 A m., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) M.D. ADDRESS Frederick, Md DATE SIGNED 1, Apr 24, 1953

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) Burial
DATE THEREOF 4/25-1953
NAME OF CEMETERY OR CREMATORY Mt Hope
LOCATION (City, town, or county) Woodsboro (State) Md
DATE REC'D BY LOCAL REG. 24 April 1953
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR G.C. Barton ADDRESS Walkersville Md

RECEIVED
FBI
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2037

CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

1. PLACE OF DEATH:
COUNTY: Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Frederick
LENGTH OF STAY (in this place): 73 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 413 South Market Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Frederick
STREET ADDRESS (If rural give location): 413 South Market Street

3. NAME OF DECEASED (Type or Print): (First) IRA (Middle) BISER (Last) STALEY

4. DATE OF DEATH: (Month) 4 (Day) 5 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED~~ (Specify): Single

8. DATE OF BIRTH: 29 Sept 1879

9. AGE last birthday: 73 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Owner & Operator of Machine Shop

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Frederick, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jonathan A. Staley

14. MOTHER'S MAIDEN NAME: Jane Shook

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 218-30-9912 A

17. INFORMANT & ADDRESS: 413 S. Market St., Mrs. Jane E. Abbott, Frederick, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

420.1

Immediate cause (a) DUE TO: Acute myocardial infarction — 10 minutes

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO: Coronary Sclerosis — 5 years
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Hypertension

19a. DATE OF OPERATION: — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — **INJURY OCCURED** While at Work ☐ Not While At Work ☐ — **HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from January, 1953, to April 5, 1953, that I last saw the deceased alive on 3/11, 1953, and that death occurred at 2:45 P., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
L. M. Schoolman	M. D.	Frederick, Maryland	6 April 1953

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8 April 1953	Mount Olivet Cemetery	Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7 April 1953	Elizabeth S. Hoch	M. R. Etchison & Son	Frederick, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1038

Reg. Dist. No. 13

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AC

1. PLACE OF DEATH
COUNTY: Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederick
LENGTH OF STAY (in this place): Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 218 West Patrick Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederick
STREET ADDRESS (If rural, give location): 218 West Patrick Street

3. NAME OF DECEASED (Type or Print): (First) Lucy (Middle) M. (Last) Stewart

4. DATE OF DEATH: (Month) April (Day) 22 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: March 21, 1889

9. AGE last birthday: 64 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Margaret Topper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mr. John H. Stewart, Frederick, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

171X
Immediate cause (a) Carcinoma of cervix uteri — Interval between onset and death: 4½ yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)
(26CX)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 6 yrs.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 26, 19 47, to April 22, 19 53, that I last saw the deceased alive on April 22, 19 53, and that death occurred at 5:00 p.m., from the causes and on the date stated above.

SIGNATURE: L. N. Schectman (Degree or title) M.D. — ADDRESS: 72 E. Church St Frederick — DATE SIGNED: 4/23/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: April 25, 1953 | NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery | LOCATION (City, town, or county) (State): Frederick, Maryland

DATE REC'D BY LOCAL REG.: 24 April 1953 | REGISTRAR'S SIGNATURE: Elizabeth B. Keefer

24. FUNERAL DIRECTOR: C. E. Cline & Son — ADDRESS: Frederick, Maryland

APR 27
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (103)

CERTIFICATE OF DEATH

Reg. Dist. No. 145

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Myersville
LENGTH OF STAY (in this place) 8 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Myersville
STREET ADDRESS (If rural, give location) Mt. Wolfsville

3. NAME OF DECEASED: (Type or Print) (First) IRA (Middle) VINTON (Last) STOTTLEMYER
4. DATE OF DEATH: (Month) Apr (Day) 27 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug 30, 1872
9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own General Farm
11. BIRTHPLACE (State or foreign country): Frederick Co. Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Joseph Stottlemyer
14. MOTHER'S MAIDEN NAME: Martha Hurley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: none
17. INFORMANT & ADDRESS: Ralph V. Stottlemyer, Myersville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 416X

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Emboli	2 hours
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Rheumatic Heart disease	40 yrs
DUE TO		
	(c) Arterio-Sclerosis generalized	15 yrs

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. ✓

19a. DATE OF OPERATION: ✓
19b. MAJOR FINDINGS OF OPERATION: ✓
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 5, 1946, April 27, 1953 that I last saw the deceased alive on April 27, 1953, and that death occurred at 8 A.M., from the causes and on the date stated above.

SIGNATURE G. A. Kohler (DEGREE OR TITLE) M.D. ADDRESS Smithsburg DATE SIGNED 4/28/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Apr 29, 1953
NAME OF CEMETERY OR CREMATORY United Brethren
LOCATION (City, town, or county) Wolfsville, Fred Co. (State) Md

DATE REC'D BY LOCAL REG. Apr. 29, 1953
REGISTRAR'S SIGNATURE Floy M. Bittle
24. FUNERAL DIRECTOR Paul F. Bittle, Myersville, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 51

RECEIVED
MAY 4 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415—1

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederick-Rural RD#5
LENGTH OF STAY (in this place): Several Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Ridge Road, Braddock Heights

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederick-Rural RD#5
STREET ADDRESS (If rural give location): Ridge Road, Braddock Heights

3. NAME OF DECEASED (Type or Print): (First) HARVEY (Middle) CLAYTON (Last) SUNDAY

4. DATE OF DEATH: (Month) 4 (Day) 8 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 15 March 1880

9. AGE last birthday: 73 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired Self Employed Painter

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Columbus G. Sunday

14. MOTHER'S MAIDEN NAME: Eliza Jane Mort

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 220-09-7791

17. INFORMANT & ADDRESS: Mrs. Maynard Wastler, RD#5, Frederick, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: (a) 141X Exhaustion — Interval Between Onset And Death: [illegible]

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO Carcinoma of Tongue + Metastasis — Interval Between Onset And Death: 3 years
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1952, to April 8, 1953, that I last saw the deceased alive on 4-8, 1953, and that death occurred at 10:30 AM, from the causes and on the date stated above.

SIGNATURE: H Laurence Johnson (Degree or title): M. D. — ADDRESS: Frederick, Maryland — DATE SIGNED: 9 April 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 11 April 1953 — NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery — LOCATION (City, town, or county) (State): Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR: 9 April 1953 — REGISTRAR'S SIGNATURE: Elizabeth S. Heck.

24. FUNERAL DIRECTOR: M. R. Etchison & Son — ADDRESS: Frederick, Maryland

APR 13

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 144

1. PLACE OF DEATH — COUNTY: Frederick — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural - Creagerstown — LENGTH OF STAY (in this place): 10 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural - Creagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS:	STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	(First) FRANK	(Middle) HENRY	(Last) WENZEL	4. DATE OF DEATH	(Month) April (Day) 12, (Year) 1953
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single	8. DATE OF BIRTH: May 20, 1912	9. AGE last birthday: 40 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer	10b. KIND OF BUSINESS OR INDUSTRY: Own Farm	11. BIRTHPLACE (State or foreign country): Maryland	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: Charles H. Wenzel	14. MOTHER'S MAIDEN NAME: Mary Miller				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: None	17. INFORMANT AND ADDRESS: Mr. Charles H. Wenzel, Thurmont, Maryland			

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
8/2 x Immediate cause	(a) FRACTURED SKULL	MINUTES
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) COMPOUND FRACTURES, TIBIA, BILATERAL	MINUTES
	(c)	

11. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: HIGHWAY	(CITY OR TOWN) Near Lewistown, (COUNTY) Frederick, (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour): APRIL 12, 1953, 11:48 pm.	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR? PEDESTRIAN STRUCK BY AUTOMOBILE

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said ~~Autopsy~~, Inspection or ~~Inquiry~~, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Robert J. Furie	M.D.	620 Lee Pl., Frederick, Md.	4-12-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE THEREOF: April 15, 1953	NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery	LOCATION (City, town, or county) (State): Frederick, Maryland
DATE REC'D BY LOCAL REG.: 14 April 1953	REGISTRAR'S SIGNATURE: Blanche V. Eyler	24. FUNERAL DIRECTOR: C. E. Cline & Son, Frederick, Maryland	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

04042

Reg. Dist. No. 132

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Middletown
LENGTH OF STAY (in this place): life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. — COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Middletown
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (Type or Print) (First) Walter (Middle) H. (Last) White

4. DATE OF DEATH: (Month) 4 (Day) 16 (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 7-5-1896

9. AGE last birthday: 56 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION..Give kind of work done during most of working life, even if retired): Painter-janitor

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Thomas J. White

14. MOTHER'S MAIDEN NAME: Amanda Haupt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Blanche White, Middletown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.1
Immediate cause (a) Coronary Occlusion
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c) Arterio-Sclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Oct. 1956 to April 16, 1953, that I last saw the deceased alive on April 10, 1953, and that death occurred at 3-10 P.M., from the causes and on the date stated above.

SIGNATURE: J E Harp (Degree or title: Md) ADDRESS: Middletown DATE SIGNED: April 19-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — **DATE THEREOF:** 4-20-1953 — **NAME OF CEMETERY OR CREMATORY:** Lutheran Cemetery — **LOCATION** (City, town, or county): Middletown (State): Md.

DATE REC'D BY LOCAL REGISTRAR: 4-20-53 — **REGISTRAR'S SIGNATURE:** Marie Gladhill

24. FUNERAL DIRECTOR Gladhill Co. — **ADDRESS** Middletown, Md.

RECEIVED
APR 24 1953
BUREAU V. S.

04043

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH — COUNTY: Frederick — MARYLAND
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Frederick — LENGTH OF STAY (in this place): Rural
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Emergency Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: FREDERICK
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lantz
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Jessie (Middle) Allan (Last) Wolf
4. DATE OF DEATH: (Month) April (Day) 18 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: W
7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): SINGLE
8. DATE OF BIRTH: 4-14-53
9. AGE last birthday: yrs. — If under 1 year: Months 4 Days — If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: Herbert Joseph Wolf
14. MOTHER'S MAIDEN NAME: Frances Virginia Hetzel
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS: Herbert Wolf Lantz P.O. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

770.0 Immediate cause (a) Pneumonia — 1 dy

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hemolytic Jaundice — 3 dys

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.: INJURY OCCURRED While at Work ☐ Not While At work ☐: HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 17 April, 1953, to 18 April, 1953, that I last saw the deceased alive on 18 April, 1953, and that death occurred at 2:08 P m., from the causes and on the date stated above.

SIGNATURE: R. L. Guest MD (Degree or title) ADDRESS: 7 E. Church St. Frederick, Md. DATE SIGNED: 18 Apr 53

23. BURIAL, CREMATION ~~REMOVAL~~ (Specify): Burial — DATE: Apr 20-53 — NAME OF CEMETERY OR CREMATORY: Mt Bethel Cem — LOCATION (City, town, or county): Near Foxville (State): Md

DATE REC'D BY LOCAL REG.: 20 April 1953 — REGISTRAR'S SIGNATURE: Elizabeth G. Hecker — 24. FUNERAL DIRECTOR: M. L. Creager Son — ADDRESS: Thurmont Md

2043203405

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A1

RECEIVED
APR 21 1953
BUREAU V. S.